

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jennifer Mullis
P O Box 31356
Cincinnati, OH 45231

2. Article Number
(Transfer from service label)

7001 2510 0008 6347 8A2A
PS Form 3811, August 2001

Domestic Return Receipt

102596-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
Jennifer Mullis ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
9-18
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

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Case 1:01-cv-00713-HJW

Document 47-3

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Page 1 of 1